



A program certified by the Massachusetts Department of Public Health

Child's Name:

Date of Birth:

Prior Written Notice and Consent for Evaluation/Assessment

This notice is to inform you about an evaluation/assessment proposed and your option to give or refuse your consent.

An evaluation determines if your child is eligible (or continues to be eligible) for Early Intervention (EI) *. An evaluation may include a review of records, observations, gathering information from other people who may know your child, a parent interview, and the administration of formal and informal developmental tools. Every child can receive an evaluation at a parent's request. The team will look at your child's cognitive, physical (including health, vision and hearing), communication, adaptive/self-help and social/emotional development. The team may ask to look at medical, developmental or birth records. You choose the information you want to share. If you agree to only parts of the evaluation the EI staff may not be able to determine if your child is eligible. For example, if you agree to provide information about your child's birth and medical history but not to have an evaluation, the EI staff may not be able to determine eligibility.

An assessment gathers information about your child and/or family. It is a way to look at the ongoing strengths and needs of your child. It can show how your child is making progress, developing skills and how EI services and supports can help. Even though an assessment and evaluation may look the same, an assessment can happen anytime and does not determine eligibility for Early Intervention.

Early Intervention is a voluntary program. Your consent is needed for the evaluation/assessment. "Consent" means that you agree to the evaluation and/or assessment.

Action Proposed:	Appointment:	Early Intervention Staff
<input type="checkbox"/> An Evaluation to determine eligibility.	Date:	Name/discipline
<input type="checkbox"/> An Assessment to determine strengths and needs.	Time:	Name/discipline
<u>What will be assessed?</u>	Location:	Name/discipline
	Please call the office if you need to reschedule this appointment	Name/discipline

I understand that my consent is voluntary and that I can choose, at any time not to have my child evaluated even after signing this form. I understand that if I choose not to consent to the evaluation, my child will not be evaluated or assessed and cannot receive early intervention services.

Please read the *Massachusetts Early Intervention and You* family rights notice. The EI staff will be glad to answer any questions you have.

Optional: I understand the above and agree that the activity may occur before the 3-calendar-day prior written notice timeline.

Parent Initials:

Parent Signature

Date

Parent Signature

Date

*A child eligible based on Clinical Judgment is eligible for six (6) months.

The cost of an evaluation is covered by your insurance, Mass Health or the Department of Public Health. There is no cost to families for an EI evaluation.

Date mailed/delivered:

PWN and Consent of Evaluation and Assessment

Staff Initials:

MDPH July 2013